

56. *Case of Foreign Body in the Eye.* By JAMES DIXON, F. R. C. S. E., Surgeon to the London Ophthalmic Hospital.—The following case of expulsion of a foreign body, which had remained *eight years* in the anterior chamber of the eye, shows that the formation of a fibrinous cyst around such fragments of metal, does not ensure the patient against the recurrence of inflammation, and enforces the propriety of immediately removing them whenever it can be done without serious injury to the organ.\*

P. G., aged 35, a shoemaker, slenderly built, and of pale, unhealthy complexion, came to the London Ophthalmic Hospital, January 10, 1848, complaining of intolerance of light, pain, and impaired vision, in the right eye. The cornea was clear; the sclerotic presented a vascular zone; the iris moved sluggishly when exposed to the light; the pupil was drawn a little downwards and inwards. On the lower and inner part of the iris, midway between its ciliary attachment and the edge of the pupil, lay a small, rounded mass, the size of a mustard-seed, which seemed to be a foreign body, thinly coated with fibrin. The patient could still see large letters, but within three days had been able to read small print, with this eye. He stated, that eight years ago, the eye was struck (he supposed with a shot) as he stood a few yards distant from a man who was shooting sparrows. Pain and redness of the eye came on, and he consulted a medical man, who gave him medicine which made his mouth sore. The sight was not much affected at this time, and it remained good and useful—almost as good as that of the other eye—for about three years. Inflammation then returned, and he applied a second time for medical aid; mercury was administered, and at the end of a fortnight he was so much better, that he discontinued his attendance. No further inconvenience was felt until the beginning of the present year. On his first visit to the hospital, he was leeches and purged, and then calomel was ordered night and morning, with opium. Within three days the foreign body was more than half denuded of its fibrinous covering, and proved to be a thin, flat scale, like a fragment of a percussion cap. A fresh deposit of fibrin soon took place, and until the end of June inflammation continued, with varying intensity, but the foreign body was never sufficiently free from fibrin to allow of its being extracted without a risk of injuring the lens, which remained perfectly healthy. During February, fresh deposits of fibrin occasionally took place, and were absorbed again: by the middle of March the fibrinous effusion on the hinder face of the cornea was so extensive as to hide the lower half of the pupil, and fine red vessels were seen passing into this fibrin.

On the 10th of April, a little white elevation, with a dark dot in the centre, appeared in the middle of the fibrinous patch on the cornea, as if the substance of the latter were softening, and about to give way. Three days later a fine black point protruded; it was readily seized, and a minute scale of metal extracted, which, on being tested, proved to be copper. No escape of aqueous humour followed its removal, as it had become completely enclosed by fibrin, which formed a barrier behind, at the same time that absorption of the cornea was going on in front.

June 5. A dense opacity hides the inner half of the pupil, and, except a slight adhesion of the iris, is the only morbid result of the injury. The iris is active, the lens perfectly transparent, and vision good.—*Dublin Quarterly Journal*, Aug. 1848.

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#### MIDWIFERY.

57. *On the Causes of the Endemic Puerperal Fever of Vienna.* By C. H. F. ROUTH, M. D.—(*Proceedings of Royal Med.-Chirurg. Soc.*, Nov. 28, 1848.) There are three lying-in departments in the General Hospital of Vienna. To one of these strangers are not admitted. Of the two others, to which only the author's

\* The late Mr. Walker observed, that copper was "a substance incapable of solution within the eye."—*Oculist's Vade Mecum*, 1843, p. 325.

remarks refer, one is destined for the instruction of medical men and midwives, the other for the instruction of midwives only. The average number of deliveries in each department is from 250 to 300 per month. The mortality in the division for midwives and medical men has generally been thirty per month, and has occasionally been seventy. In the division for midwives only, the number of deaths has generally been from seven to nine per month. The clinical instruction is conducted on precisely the same general plan in the two departments; but the medical men receive also practical instruction in a private course, in which the operations are performed on the dead body of some female, while the midwives receive this instruction by means of the leather phantom. The frightful mortality in the division to which medical men are admitted, became the subject of a government inquiry, and the number of students in attendance was reduced from forty to about thirty. The mortality, however, remained the same as before. On inquiry, it was found that in other countries, where there were two divisions in the lying-in hospitals, one for midwives, and another for medical men, the mortality was far greater in the latter. The author shows that this difference could not depend on the manipulations of male attendants being more rough than those of midwives, nor to the influence of contagion or infection. He adopts the explanation proposed by Dr. Semelweiss, the assistant-physician of that division of the Vienna Lying-in Hospital, in which the great mortality has occurred—namely, that the real cause of the mortality from puerperal fever there, was the “uncleanliness of medical men and students in attendance;” their hands being impregnated with cadaveric matter through dissecting, making autopsies, and performing obstetric operations on dead bodies. Dr. Semelweiss recommended all students attending his division of the lying-in hospital, not to handle the dead matter, or, if they did so, forbade them making any examination of the patients till the following day. And he directed every student to wash his hands in a solution of chlorine prior to, and after every examination made on the living subject. The result was, that the number of deaths was reduced from thirty per month to seven per month, the usual average mortality of the division for midwives only. The author makes some remarks on the modes in which the cadaveric matter may be introduced from the hand of the medical attendant into the system of the woman. He then describes the characters of the puerperal disease so fatal in the Vienna Hospital, with the view of demonstrating its resemblance to the effects of a poisoned dissection wound; and he concludes by recapitulating the inferences which he believes to be justified by the facts stated in his paper.

Dr. WENSTER regarded the paper as a very valuable one, but thought that the author had not attributed sufficient influence to the situation of Vienna, in the production of the large amount of mortality by puerperal fever in that city. It was well known that Vienna was the most unhealthy place in Europe. Fever of a low type was very prevalent there. The hospital was situated in a damp position, and was ill-ventilated and unclean. The students, also, were anything but cleanly. The mortality announced in the paper was truly frightful. The same objection as to situation also held good with respect to Strasbourg and Prague, in both which cities the hospitals were on the banks of a river.

Dr. E. MURPHY said that the novel point in the paper was the fact established by the author, that puerperal fever was propagated by the students who had been recently examining dead bodies. The facts brought forward in the paper he (Dr. Murphy) thought proved that the above mode of contagion prevailed. In his own experience in the Dublin Lying-in Hospital, he had found attention to ventilation and cleanliness the best preventive of the disease. When Dr. Collins was appointed master of that institution, the puerperal fever was at its height. He had tried every means to eradicate it. The perseverance in improved ventilation, the use of chloroform, &c., succeeded; the disease gradually subsided, and for the last four years there had been no case of puerperal fever in that institution. He referred to the case of a German student, who was constantly at post-mortem examinations, both within and without the house. Puerperal fever seemed to attend him wherever he went; but, on his giving up his pursuit after dead bodies, the fever subsided.—*Lond. Med. Gaz.*, Dec. 1848.